

Welcome to Ericsson Global Services, India (EGI)

Dear MUNEESHKUMAR

Your Employee No. is EGIL64630

This is a permanent number allotted to you and will remain with you throughout your employment with Ericsson Global Services, India (EGI).

Besides this you would also be provided with an Identity Card. You would be required to wear this card during office hours/on tour to other Ericsson offices/Customer units.

You are required to fill in all the forms with utmost care. These details are required for adhering all statutory matters, processing your salary, and for maintaining records pertaining to your benefits and reimbursements.

Before filling up these forms you are requested to understand the purpose and guidelines for filling up each of these forms.

These guidelines have been prepared so that you can fill up these forms on your own. But in case you have any doubt, feel free to take guidance of our HR personnel.

Purpose & Guidelines for Filling Up of Joining Forms

Joining Report

This form is basically an indicator of your joining Ericsson India Global Services Pvt Ltd

Application Blank

(Application for Employment)

This form provides the company complete details about you in a structured manner. It gives information about your family, educational qualifications, experience, last salary etc. Please take proper care in filling in all the columns.

Gratuity Nomination Form

(Form F)

In this form an individual is required to nominate the person/s and the percentage of Gratuity payable in the unfortunate situation of death of an employee. In case you wish to nominate more than one person, please mention the % share payable to each nominee. If an employee wants to change his/her nomination during the course of his/her employment, he/she can do so by giving a letter to HR department.

Ericsson Employees Provident Fund

[Declaration form for Membership form 11 (Revised)]

This form has to be filled up by the employees for membership to Ericsson Employee Provident Fund. This form covers two areas. Firstly, details about previous employment and organisation. Secondly, information about your previous organisation, PF Membership, PF Number and the address of the fund of which you were a member.

Ericsson Employees Provident Fund

[Nomination Form 2 (Revised)]

This needs to be filled up by every employee as he/she needs to nominate a person(s), who would receive the Provident Fund amount standing to his/her credit in the unfortunate event of his/her death. If the number of nominees is more than one, please indicate % share payable to each nominee.

Human Resources Department

Ericsson India Global Services Pvt Ltd

Joining Report

Full Name MUNEESHKUMAR

Date 02-Sep-2021

Employee Number EGIL64630

Place/Location Chennai

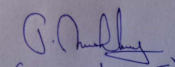
Designation Senior Solution Integrator

Present Address 208, Middle street, Notchioodaipatti, Koovanuthu Post,
Natham Road, Dindigul East Taluk, Dindigul.

Permanent Address 208, Middle street, Notchioodaipatti, Koovanuthu Post,
Natham Road, Dindigul East Taluk, Dindigul.

Type text here

Signature


(MUNEESH KUMAR T.)

Gratuity Nomination Form

To

Ericsson India Global Services Pvt Ltd
Block A, King Canyon 'ASF Insignia'
Faridabad Road, Gwal Pahadi,
122003, Haryana

1.I, Shri/Shrimati/Kumari **MUNEESHKUMAR**

(Name in full)

whose particulars are given in the statement below, hereby nominate the person(s) mentioned below to receive the gratuity payable after my death as also the gratuity to my credit in the event of my death before the amount payable, or having become payable has not been paid in proportion indicated against the name(s) of the nominee(s).

2.I hereby certify that the person(s) mentioned is/are a member(s) of my family within the meaning of clause (h) of section 2 of the Payment of Gratuity Act, 1972.

3.I hereby declare that I have no family within the meaning of clause (h) of section 2 the said Act.

(a) My father/mother/parents is/are not dependent on me.

(b) My husband's father/mother/parents is/are not dependent on my husband.

4.I have excluded my husband from family by a notice dated the to the controlling authority in terms of the provision to clause (h) of Section 2 of the said Act.

5.Nomination made herein invalidates my previous nomination.

Name of Nominee(s)	Address of Nominee(s)	Relationship with the employee	Age of Nominee(s)	Proportion by which the gratuity will be shared
Kalaimathi	2-136, East street, K.Puliyankulam, Chekkanurni PO, Madurai - 625514	Spouse	28	100.00

cont....

Statement

1. Name of the employee in full
2. Gender
3. Religion
4. Whether married/unmarried/widow/widower
5. Department/Branch/Section where employed
6. Post held with Staff No
7. Date of Appointment
8. Permanent Address

MUNEESHKUMAR

Male

Hindu

Married

**208, Middle street, Notchioodaipatti, Koovanuthu Post,
Natham Road, Dindigul East Taluk, Dindigul.**

Village

Post Office

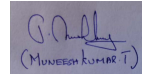
Pin

Thana

District

Sub division

State



(MUNEESH KUMAR T.)

Date: **02-Sep-2021**

Signature/Thumb impression of the employee

Declaration by the witness

Fresh nomination signed/thumb impressed before me.

Name in full and full

addresses of the witness

Signature/Thumb impression of witnesses

1.)

2.)

Certificate by the Employer

Certified that the particulars of the above nomination have been verified and recorded in this establishment.

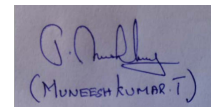
Date:

Abhishek Kumar

Head of People - GSC &EGI
Ericsson India Global services Pvt.Ltd
Knowledge Boulevard
Tower A, Sector -62, Noida
201309, Uttar Pradesh

Acknowledgement by the employee

Received the duplicate copy of the nomination in Form 'F' filed by me on and duly certified by the employer.



(MUNEESH KUMAR T.)

Date: **02-Sep-2021**

Signature of the employee

EMPLOYEES' PROVIDENT FUND ORGANISATION

Employees' Provident Funds Scheme, 1952 (Paragraph 34 &57) &

Employees' Pension Scheme, 1995 (Paragraph 24)

(Declaration by a person taking up employment in any establishment on which EPF Scheme 1952 and/or EPS 1995 is applicable)

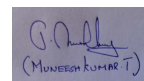
1	Name of the member	MUNEESHKUMAR
2	Father's Name <input checked="" type="checkbox"/> Spouse's Name <input type="checkbox"/> (Please tick whichever is applicable)	Thangaraj
3	Date of Birth (DD/MM/YYYY)	28/08/1991
4	Gender : (Male/Female/Transgender)	Male
5	Marital Status (Married/Unmarried/Widow/Widower/Divorcee)	Married
6	(a) Email ID: (b) Mobile No.:	MUNEESHKUMAR28@GMAIL.COM 9095428296
7	Whether earlier a member of Employees' Provident Funds Scheme 1952 (Yes/No)	Yes
8	Whether earlier a member of Employees' Pension Scheme, 1995 (Yes/No)	Yes
9	Previous employment details: [if Yes to 7 AND/OR 8 above] a) Universal Account Number: b) Previous PF Account Number: c) Date of exit from previous employment (DD/MM/YYYY) d) Scheme Certificate No. (if issued) e) Pension Payment Order (PPO) No. (if issued)	100238116427 31/08/2021 NA NA
10	a) International Worker (Yes/No) b) If yes, state country of origin (India/Name of other country) c) Passport No. d) Validity of Passport [(DD/MM/YYYY) to (DD/MM/YYYY)]	No To
11	KYC Details: (attach self attested copies of following KYCs) a) Bank Account No. & IFS Code b) Aadhaar Number c) Permanent Account Number (PAN), if available	 1011390869 - KKBK0000468 721924163717 CJGPM2347K
12	Details as per Aadhar: a) Name as per Aadhar b) DOB as per Aadhar c) Gender as per Aadhar	 Muneeshkumar Thangaraj 28-Aug-1991 Male
13	Details as per UAN: a) Name as per UAN b) DOB as per UAN c) Gender as per UAN	 Muneesh Kumar Thangaraj 28-Aug-1991 Male

UNDERTAKING

- 1) Certified that the particulars are true to the best of my knowledge.
- 2) I authorize EPFO to use my Aadhaar for verification/authentication/eKYC purpose for service delivery.
- 3) Kindly transfer the funds and service details, if applicable, from the previous PF account as declared above to the present P.F. Account.
(The transfer would be possible only if the identified KYC detail approved by previous employer has been verified by present employer using his Digital Signature Certificate)
- 4) In case of changes in above details, the same will be intimated to employer at the earliest.

Date: 02-Sep-2021

Place: Chennai



Signature of Member

DECLARATION BY PRESENT EMPLOYER

- A. The member Mr./Ms./Mrs. _____ has joined on _____ and has been allotted PF Number _____
- B. In case the person was earlier not a member of EPF Scheme, 1952 and EPS, 1995:
*** (Post allotment of UAN)** The UAN allotted for the member is _____
*** Please Tick the Appropriate option:**
The KYC details of the above member in the UAN database
() Have not been uploaded.
() Have been uploaded but not approved
() Have been uploaded and approved with DSC

C. In case the person was earlier a member of EPF Scheme 1952 and EPS, 1995:

* The above PF Account number/UAN of the member as mentioned in (A) above has been tagged with his/her UAN/Previous member ID as declared by member.

*** Please Tick the Appropriate Option**

() The KYC details of the above member in the UAN database have been approved with Digital Signature Certificate and transfer request has been generated on portal.

() As the DSC of establishment are not registered with EPFO, the member has been informed to file physical claim (Form 13) for transfer of funds from his previous establishment.

Date: _____

Signature of Employer with Seal of Establishment

FORM 2 (REVISED)
(For Unexempted /Exempted Establishments)
NOMINATION AND DECLARATION FORM (Declaration and Nomination Form under the Employees'
Provident Funds and Employees' Pension Scheme)

Paragraph 33 & 61 (1) of the Employees Provident Fund Scheme, 1952 and Paragraph I o of the Employees' Pension Scheme (1995)

1. Name (in Block letters) **MUNEESHKUMAR**

2. Father's/ Husband's Name **Thangaraj**

3. Date of Birth **28-08-1991**

4. Gender **Male**

5. Marital Status **Married**

6. Account No. (PF/EPS Number)

7. Address Permanent **208, Middle street, Notchioodaipatti, Koovanuthu Post, Natham Road, Dindigul East Taluk, Dindigul.**

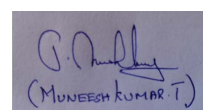
Present **208, Middle street, Notchioodaipatti, Koovanuthu Post, Natham Road, Dindigul East Taluk, Dindigul.**

PART A (EPF)#

I hereby nominate the person(s) cancel the nomination made by me prviously and nominate the person(s) mentioned below to receive the amount standing to my credit in the Employee's Provident Fund in the event of my death.

Name and Address of the Nominee/Nominees	Nominee relationship with the member	Date Of Birth	Total amount or share of accumulation in provident fund with the member to be Paid to each nominee (%)	If the nominee is a minor, name &relationship &address of the guardiam who may receive the amount during the minority of the nomiee
Kalaimathi 2-136, East street, K.Puliyankulam, Chekkanurni PO, Madurai - 625514	Spouse	24-05-1993	100.00	No

1. *Certified that I have no family as defined in para 2(g) of the employees' Provident Fund Scheme, 1952 and should I acquire a family hereafter the above nomination should be deemed as cancelled
2. Certified that my father/ mother is/are dependent upon me
3. *Strike out whichever is not applicable



(Signature or thumb Impression of the subscriber)

Note: A Fresh nomination shall be made by the member on his marriage and any nomination made before such marriage shall be deemed to be invalid

If Married -> Spouse, Children (married or unmarried), his/her dependent parents, deceased son's widow and children.
 If unmarried then Parents, Brother, Sister or any other person(s).

Contd.....

FORM 2 (REVISED)
(For Unexempted /Exempted Establishments)
NOMINATION AND DECLARATION FORM (Declaration and Nomination Form under the Employees'
Provident Funds and Employees' Pension Scheme)

Paragraph 33 & 61 (1) of the Employees Provident Fund Scheme, 1952 and Paragraph I o of the Employees' Pension Scheme (1995)

1. Name (in Block letters) **MUNEESHKUMAR**

2. Father's/ Husband's Name **Thangaraj**

3. Date of Birth **28-08-1991**

4. Gender **Male**

5. Marital Status **Married**

6. Account No. (PF/EPS Number)

7. Address Permanent **208, Middle street, Notchioodaipatti, Koovanuthu Post, Natham Road, Dindigul East Taluk, Dindigul.**

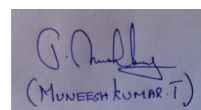
Present **208, Middle street, Notchioodaipatti, Koovanuthu Post, Natham Road, Dindigul East Taluk, Dindigul.**

PART A (EPF)#

I hereby nominate the person(s) cancel the nomination made by me prviously and nominate the person(s) mentioned below to receive the amount standing to my credit in the Employee's Provident Fund in the event of my death.

Name and Address of the Nominee/Nominees	Nominee relationship with the member	Date Of Birth	Total amount or share of accumulation in provident fund with the member to be Paid to each nominee (%)	If the nominee is a minor, name &relationship &address of the guardiam who may receive the amount during the minority of the nomiee
Kalaimathi 2-136, East street, K.Puliyankulam, Chekkanurni PO, Madurai - 625514	Spouse	24-05-1993	100.00	No

1. *Certified that I have no family as defined in para 2(g) of the employees' Provident Fund Scheme, 1952 and should I acquire a family hereafter the above nomination should be deemed as cancelled
2. Certified that my father/ mother is/are dependent upon me
3. *Strike out whichever is not applicable



(MUNEESH KUMAR T.)

(Signature or thumb Impression of the subscriber)

Note: A Fresh nomination shall be made by the member on his marriage and any nomination made before such marriage shall be deemed to be invalid

If Married -> Spouse, Children (married or unmarried), his/her dependent parents, deceased son's widow and children.
 If unmarried then Parents, Brother, Sister or any other person(s).

Contd.....

Para - B(EPS)(Para18)\$

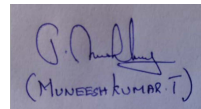
I here by furnish below Particulars of the members of my family who would be eligible to receive widow/children pension in the event of my death.

Sr No	Name and Address of the family member	Date of Birth	Relationship with member
1	Kalaimathi 2-136, East street, K.Puliyankulam, Chekkanurni PO, Madurai - 625514	24-05-1993	Spouse

** Certified that I have no family as defined in para 2 (vii) of Employees' Pension Scheme, 1995 and should I accuire a family hereafter I shall furnish particulars thereon in the above form.

I here by nominate the following person for receiving the monthly widow pension (admissible under para 16 2 a)(i) and (ii) of Employees' Pension Scheme, 1995 in the event of my death without leaving any eligible family member for receiving pension.\$\$

Name and Address of the nominee	Date of Birth	Relationship with the member
No Record		



Date the: **02-Sep-2021**

Signature or Thumb impression of the subscriber

** Strike out whichever is not applicable

CERTIFICATE BY THE EMPLOYER

Certified that the above declaration and nomination has been signed/thumb impressed before me by Shri/Smt/Km **MUNEESHKUMAR** employed in my establishment after he/she has read the entries/entries have been read over to him/her by me and got confirmed by him/her.

Place: **Chennai**

Date: **02-Sep-2021**

\$ Applicable if Married To Spouse and Children (include children adopted legally before death in service).

\$\$ Applicable to both Married and Unmarried

(1) Married To any person(s) other than spouse and children.

(2) Unmarried To Parents, Brother, Sister or any other person(s).

Signature of the employer or other Authorised
Officers of the Establishment

Designation, Name and Address of the
Factory/Establishment or Rubber Stamp thereof
Ericsson India Global Services Pvt Ltd

1. INDIVIDUALS CONCERNED

Each individual performing work for Ericsson*) whether as an Ericsson employee, independent contractor, or in any other capacity, shall undertake to accept the following instructions (2-6).

2. CONFIDENTIAL INFORMATION

In order to perform duties and work for Ericsson, access may be granted to trade secrets and other confidential information proprietary to Ericsson, Ericsson's customers or other third parties. For the purpose hereof, "confidential information" shall mean information that is a trade secret or, by its nature, otherwise can be deemed as confidential, since disclosure of such information would cause harm to Ericsson, its customers or other third parties. This applies irrespective of the form in which the information is displayed or the media on which it is contained.

Examples of confidential information are, including but not limited to; financial information, marketing plans, business plans, project plans, business activities, information relating to sales, costs, organization, customer lists, pricing customer information, development results, software, technology, inventions, improvements, methods, personal information such as customers' end - user data or employee data, and any other information which by its very nature might be considered by Ericsson to be confidential, proprietary or a trade secret.

In addition, circumstances regarding assignments or work for Ericsson may be considered confidential information.

2a) Confidential information must not be disclosed to others except for (i) persons working for Ericsson having access in their work to the kind of information at hand and who need such information for their work on behalf of Ericsson, (ii) anyone else authorized by Ericsson as receiver of such information.

After the termination of employment or assignment for Ericsson this undertaking under 2a) will still be valid;

2b) Confidential information must not, directly or indirectly, be used other than in course of duties and work for Ericsson;

2c) Ericsson Group Policies, Directives and other instructions relating to confidential information or use of Ericsson's computer resources must be complied with, including, but not limited to the requirement that certain information may not be removed from Ericsson's premises or may be communicated or disclosed only to a restricted internal or external group of individuals;

2d) Confidential information must not be duplicated or reproduced in any manner whatsoever except as is required for the execution of duties and work for Ericsson;

2e) If you notice any wrongful use or treatment of confidential information you shall promptly report to appropriate manager within Ericsson and you must cooperate with Ericsson to safeguard such information;

2f) When you are involved in accessing or processing personal information you must familiarize yourself and comply with the legal and contractual requirements that are applicable;

3. ACCESS TO COMPUTER RESOURCES

In order to perform duties and work for Ericsson access may be granted to computer resources of Ericsson.

3a) It is not allowed to intentionally access information and data or computer resources other than what has been specifically authorized to access by Ericsson;

3b) Your assigned user identity, passwords and PIN codes are intended for your personal use only. Passwords, PIN codes, etc. must be kept strictly confidential and may never be shared, for any purpose;

3c) You must not make use of another person's user identity, passwords and PIN codes to log on to computer resources of Ericsson;

3d) The owner of a personal user identity is ultimately responsible for all activities on computer resources of Ericsson resulting from use of that identity

3e) Computer resources of Ericsson must be logged off or a screen saver configured with password must be activated after completion of a work session;

4. MONITORING

For legal, security, technical and cost reasons, all connections to Internet and third party networks from the Ericsson internal network are monitored and traffic is recorded in log files. Such log files show what has been accessed, when and by whom. Entry and exit from restricted physical security zones at Ericsson's premises is recorded. Relevant law is observed in the implementation of monitoring and logging. More detailed information can be found in steering documents.

The signer is hereby informed of such monitoring.

5. RETURN OF INFORMATION

All tangible items containing confidential or other information relating to the work for Ericsson will be considered the property of Ericsson. Immediately after the termination of employment or assignment, or changes in position, or at any time upon the request of Ericsson such tangible items must be returned to Ericsson including all kinds of copies, abstractions, and compilations etc. of information. Copies of information must not be retained.

When requested, the signer of this document shall confirm in writing that obligations with respect to confidential information have been complied with.

6. LIABILITY

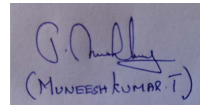
Any breach of the terms of this Individual Confidentiality and Access Undertaking is likely to cause substantial damage and irreparable harm to Ericsson. The signer of this document might be held personally responsible for damage caused thereby to Ericsson.

7. SIGNING

This document shall be signed manually or electronically in accordance with the procedure determined locally to be appropriate considering applicable legislation.

The following will be filled in only when the document is manually signed.

HAVE READ AND UNDERSTOOD THE
CONTENT OF THIS UNDERTAKING AND
WILL ADHERE TO IT.



(Signature of individual)

MUNEESHKUMAR
(Printed name of individual)

Corporate Identity assigned to the signer:

EGIL64630
.....
(Corporate ID)

02-Sep-2021
.....

(Date)

*) For the purpose of this undertaking, Ericsson shall mean Telefonaktiebolaget L M Ericsson and any company directly or indirectly controlled by Telefonaktiebolaget L M Ericsson.

Confidentiality Class	External Confidentiality Label	Document Type	Page
Ericsson Internal			1 (1)
Prepared By (Subject Responsible)	Approved By (Document Responsible)		Checked
ERBAASL Saritha Balakrishnan			
Document Number	Revision	Date	Reference
		2021-06-01	



Acknowledgement form

Code of Business Ethics

Confirmation

Fill out this form with your personal information and confirm, by signing this form, that you have read and understood the Code and our Compass, that you agree and act on it in your work for Ericsson.

MUNEESHKUMAR

Name

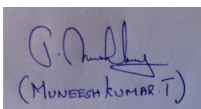
EGIL64630

Personnel number (leave open if not known)

Unit name (leave open if not known)

02-Sep-2021

Date


(MUNEESH KUMAR T.)

Signature

The completed form must be sent to People Function/People Business Partner or another person authorized by your manager.

Link to the code Ericsson:
ericsson.com/Code

DECLARATION CUM NO OBJECTION

I, **MUNEESHKUMAR**, W/o, S/o, D/o Mr/Ms/Mrs **Thangaraj**, R/o **208, Middle street, Notchioodaipatti, Koovanuthu Post, Natham**

Road, Dindigul East Taluk, Dindigul. _____, am in employment with M/s

Ericsson India Global Private Services Ltd., having its Office at **Chennai**. The work assigned to me also requires me to work at

Ericsson India Global Private Services Ltd., Unit located at **Chennai** after regular working hours/ shift/ night shift. I do hereby declare

that I have no objection in performing my work at Ericsson India Global Private Services Ltd., Unit at **Chennai** after regular working

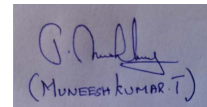
hours including in the night shifts.

Signature

Name of Employee:

Emp. No.

Designation:



(MUNEESH KUMAR T.)

MUNEESHKUMAR

EGIL64630

Senior Solution Integrator

Place : **Chennai**

Date : **02-Sep-2021**

APPLICATION FOR EMPLOYMENT

Ericsson India Global Services Pvt Ltd
Block A, King Canyon 'ASF Insignia'
Faridabad Road, Gwal Pahadi
122003, Haryana



PERSONAL DETAILS

Name	MUNEESHKUMAR		
LAST NAME	FIRST NAME	MIDDLE NAME	
Date of Birth : 28-08-1991	Place of Birth : Dindigul	Marital Status : Married	Blood Group : O+
Email ID : MUNEESHKUMAR28@GMA IL.COM	Present Address : 208, Middle street, Notchioodaipatti, Koovanuthu Post, Natham Road, Dindigul East Taluk, Dindigul.		
Tel : _____	Mob: 9883053991 9095428296		
Any Relatives/FRIENDS IN ERICSSON IF YES , GIVE DETAILS : _____			Nationality : Indian
Name			
DEPT	POSITION	RELATIONSHIP	
INCASE OF EMERGENCY , PLEASE INFORM (Name) : Thangaraj , Kalaimathi			
Tel/Mob : 9159222472 , 8883053991 Address : 208, Middle street, Notchioodaipatti, Koovanuthu Post, Natham Road, Dindigul East Taluk, Dindigul. , 208, Middle street, Notchioodaipatti, Koovanuthu Post, Natham Road, Dindigul East Taluk, Dindigul.			

FAMILY BACKGROUND

Relationship	Name	Age	Occupation
Father	Thangaraj	60	TNSTC Driver(Rtd.)
Mother	Vijaya	52	Head Mistress
Brother	Gowtham	25	Pursuing his LLB
Spouse	Kalaimathi	28	IT Employee